

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	lw	68904	3-22-00
O.I.P.E. CLASSIFIER		✓/2	3-22-00
FORMALITY REVIEW	✓/8	71480	4-20-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	7/19/00
2	7/19/00
3	7/19/00
4	7/19/00
5	7/19/00
6	7/19/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here